

Registration of a Legally Blind Student

Important: Read instructions thoroughly before completing this form.

Registering School (only one may register)

Nonpublic School _____
(Name)

Public School _____
(Name of LEA)

This form may be duplicated as needed.

1. ☐ Parents permission ☐ Satisfies APH enrollment requirements for legally blind.

2. Name: _____
Last First

3. Birth date: Month/Day/Year _____ 4. Check One: ☐ Male ☐ Female 5. Grade Placement Code:
(See attached definitions in Enclosure 6)

6. Additional Disabilities—Specify _____
☐ None

7. Eye Specialist Report—Give Maximum Correction (Distance vision on an eye chart 20/200 or less)

☐ **MDB (Meets the Definition of Blindness)**

Select one box that applies below:	Select one box that applies below:
<input type="checkbox"/> Right eye acuity: _____ (Write in acuity number)	<input type="checkbox"/> Left eye acuity: _____ (Write in acuity number)
<input type="checkbox"/> NIL (Totally Blind)	<input type="checkbox"/> NIL (Totally Blind)
<input type="checkbox"/> VF and the degree of restriction: _____ (Restricted vision of 20 degrees or less)	<input type="checkbox"/> VF and the degree of restriction: _____ (Restricted vision of 20 degrees or less)
<input type="checkbox"/> CF (Counts fingers)*	<input type="checkbox"/> CF (Counts fingers)*
<input type="checkbox"/> HM (Hand Movements)*	<input type="checkbox"/> HM (Hand Movements)*
<input type="checkbox"/> OP (Object Perception)	<input type="checkbox"/> OP (Object Perception)
<input type="checkbox"/> LP (Light Perception)	<input type="checkbox"/> LP (Light Perception)

☐ **FDB (Functions at the Definition of Blindness)**—*Should be used only when an eye specialist or neurologist finds it impossible to obtain an acuity by using an eye chart

8. Primary Reading Medium (PRM)—Mark Only One (See Enclosure 5)

☐ Visual Reader (V) ☐ Braille Reader (B) ☐ Auditory (A)
☐ Prereader (P) ☐ Nonreader (N)

9. Secondary Reading Medium (Required Category)—Mark Only One (See Enclosure 5)

☐ Visual (V) ☐ Braille (B) ☐ Auditory (A) ☐ Not applicable (N/A)

10. Third Reading Medium (Optional Category)—Mark One or defaults to NA (See Enclosure 5)

☐ Visual (V) ☐ Braille (B) ☐ Auditory (A) ☐ Not applicable (N/A)

11. Language—Mark one category. For **other** write in language.

☐ English ☐ Spanish ☐ Other _____ ☐ N/A

Name and Title of person completing this form:

Phone number:

Name

Title